

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) **10/069988**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2	/						52							
3	/						53							
4	/	31					54							
5	/	31					55							
6	/						56							
7	/						57							
8	/	31					58							
9	/	31					59							
10	/						60							
11	/						61							
12	/	31					62							
13	/	31					63							
14	/	31					64							
15	/	31					65							
16	/	31					66							
17	/	31					67							
18	/	31					68							
19	/	31					69							
20	/						70							
21	/						71							
22	/						72							
23	/						73							
24	/						74							
25	/						75							
26	/						76							
27	/						77							
28	/						78							
29	/						79							
30	/						80							
31	/						81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5						TOTAL IND.							
TOTAL DEP.	31						TOTAL DEP.							
TOTAL CLAIMS	31						TOTAL CLAIMS							